

Background. This survey was conducted as part of routine service provision analysis by the psychotherapy department. It aimed to assess the level of satisfaction patients feel towards their experience of attending for psychotherapy, in order to inform local management on the service being offered by the department. Ethics committee confirmed this fulfilled “Service evaluation” criterion and the project was registered with the local NHS quality improvement register.

Method. Patients who completed an episode of therapy were invited to complete a survey form. This consisted of a Client Satisfaction Questionnaire (CSQ-8) as well as four additional questions pertaining to patient satisfaction. The patient’s therapist would inform administration staff of the patient’s final appointment; administration staff would then issue the patient with a questionnaire which they were invited to complete and return in their own time. The questionnaires were completed anonymously and no reward was offered for completing the questionnaire. The therapies included group analysis, psychodynamic individual and Cognitive Analytic Therapy.

Result. 22 patients who had completed psychotherapy in 2018–2019 returned a completed questionnaire. The average and range responses were examined.

The average response was “4: Excellent” for the overall rating of the service received, and for 5 other questions on the CSQ-8 the average score was the highest possible. The average response was slightly lower on the question about whether the service met their needs “3: Mostly”, and on the question: Has the service you received helped you to deal more effectively with your problems? (3 yes, somewhat). The additional questions highlighted how important the setting and administration role played in the experience of therapy. The questionnaire also included a free text box giving the patient the opportunity to offer any other comments. Many of these included messages of gratitude and remarks on the impact therapy has had on their general wellbeing.

Conclusion. In general it is encouraging to see that feedback provided through this survey was extremely positive. This was reflected both in the Likert scale questions and the free text box. Patients are described themselves as very satisfied with their experience within therapy and reflected a positive experience of the holding environment provided by the department as a whole.

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The role of telephone consultations in psychiatry

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Aims. Telephone consultations have been in clinical use since the early 1960s and are increasing in frequency and importance in many areas of medicine. With the advent of the COVID-19 pandemic in 2020, the use of telemedicine consultations increased dramatically alongside utilization of other digital technologies. Despite promise and potential advantages for clinicians (including remote working, improved time management and safety) there are known drawbacks to telephone consultations for psychiatrists. This includes limitations to assessments of mental state and risk, with loss of non-verbal communication often cited as a point in favour of more sophisticated technologies

such as video calling. By adopting telephone consultations to a greater extent during the initial months of the COVID-19 pandemic in the Coventry Crisis Resolution and Home Treatment Team (CRHTT), we aimed to assess the patient experience in telehealth, through a patient survey.

Method. After an initial assessment or follow-up consultation with a medical practitioner from the crisis team, patients were invited to take part in a short questionnaire with a member of the administration staff. This consisted of eight questions on a Likert scale and three open questions for comments. Results were collated and analyzed via Microsoft Excel.

Result. Most patients found the telephone consultations satisfactory, with more than 90% returning positive scores in understanding, convenience and overall satisfaction. All patients felt listened to and that their confidentiality was maintained; with all but one respondent willing to engage in further consultations via the telephone. Negative scores were typically returned for practical telephonic problems including poor signal, interference and background noise. In their comments patients expressed largely positive views about their experience with their clinician; analysis revealed key insights into the patient experience, demonstrating the convenience, comfort and flexibility possible with ‘telepsychiatry’.

Conclusion. Patient experience of telemedicine in a UK psychiatric crisis team is mostly positive, with clear advantages for both patients and clinicians. Our results show telephone consultations can be expanded to new patient assessments alongside follow-ups, enabling the team to reach a greater number of service users. This includes service users who are housebound due to infirmity, required to shield or have significant anxiety about the pandemic.

Profile, referral pathways and re-attendance of psychiatric patients attending the emergency department: focus on suicidality & self-harm

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Aims. The number of patients presenting to Emergency Departments (EDs) in the UK with acute psychiatric issues is a major concern. This project aimed to explore the outcome of patients assessed by Mental Health Liaison Services (MHLS) in a large district general hospital ED in the UK, with a focus on patients with self-harm or suicidality.

Method. Data were extracted from electronic patient records on 100 consecutive attendees to MHLS in July 2020. Data were collected on demographics, index of multiple deprivation (IMD) by postcode, time and reason for attendance, known ICD-10 diagnoses, self-harm history, alcohol/substance misuse at time of presentation, recent psychosocial stressors and outcome of MHLS assessment. Assessments by MHLS in the preceding 12 months and reattendance to the service within 3 months following this assessment were also recorded.

Result. The sample included 44 male and 56 female patients, with a mean age of 35.3 years. 80.0% of patients were Caucasian. 67.0% lived in areas classed within the top 30% most deprived in the country, whilst 2.0% had no fixed abode. The majority (79.0%) of patients self-presented; outside of normal working hours (70.0%). The most common reasons for attendance were thoughts/intent of self-harm/suicide (50.0%), overdose (29.0%) and self-harm by laceration (7.0%).